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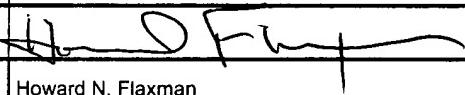
## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                      |                        |          |
|--|----------------------|------------------------|----------|
|  | Application Number   | 10/080,571             |          |
|  | Filing Date          | 02/25/2002             |          |
|  | First Named Inventor | Adams, Edwin H.        |          |
|  | Art Unit             | 3713                   |          |
|  | Examiner Name        | Hotaling               |          |
| Total Number of Pages in This Submission | 67                   | Attorney Docket Number | ADAE-002 |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please Identify below): |
| Remarks  |   |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Welsh & Flaxman LLC   |          |        |
| Signature    |  |          |        |
| Printed name | Howard N. Flaxman   |          |        |
| Date         | 05/11/2005  | Reg. No. | 34,595 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |  |  |  |
|-----------------------|--|--|--|
| Signature             |  |  |  |
| Typed or printed name |  |  |  |
| Date                  |  |  |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



|  |                           |                              |                  |
|--|---------------------------|------------------------------|------------------|
| AMENDMENT<br>TRANSMITTAL LETTER  |                           | APPLICANT<br>Adams, Edwin H. |                  |
| SERIAL NO.<br>10/080,571   | FILING DATE<br>02/25/2002 | EXAMINER<br>Hotaling         | ART UNIT<br>3713 |
| TITLE: SYSTEM FOR PROVIDING GOLFERS WITH GOLF RELATED INFORMATION VIA A GLOBAL NETWORK |                           |                              |                  |

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 CFR 1.27 has been established.
- Power of Attorney.
- Please charge additional claim fees to Deposit Account No. 01-2221.
- Any additional extension and/or fees may be charged to Deposit Account No. 01-2221.
- No additional fee is required.  
The fee has been calculated as shown below:

### EXTENSION OF TERM

NOTE:

"Extension of Time in Patent Cases (Supplement Amendments)-If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.

If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run." Notice of December 10, 1985 (1061 O.G. 34-15).

NOTE:

See 37 CFR 1.645 for extensions of time in interference proceedings and 37 CFR 1.550(c) for extensions of time in reexamination proceedings.

The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply

(complete (A) or (B) as applicable)

- A. \_\_\_\_\_ Applicant petitions for an extension of time under 37 CFR 1.136 (fees: 37 CFR 1.17(a)-(d) for the total number of months checked below:

| Extension<br>(Months) | Fee for other than<br>small entity | Fee for<br>small entity |
|-----------------------|------------------------------------|-------------------------|
| one month             | \$ 110.00                          | \$ 55.00                |
| two months            | 390.00                             | 195.00                  |
| three months          | 930.00                             | 465.00                  |
| four months           | 1,470.00                           | 735.00                  |

Fee \$ \_\_\_\_\_

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

An extension for \_\_\_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

B. X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

(1)

(2)

(3)

SMALL ENTITY

OTHER THAN A  
SMALL ENTITY

|   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |
|---|---|-------|---------------------------------------|------------------|--|
| TOTAL                                       | * 8                                       | MINUS | ** 20                                 |                  |  |
| INDEP                                       | * 3                                       | MINUS | *** 3                                 |                  |  |
| FIRST PRESENTATION OF<br>MULTIPLE DEP CLAIM |   |       |                                       |                  |  |

| RATE    | ADDIT<br>FEE |
|---------|--------------|
| x\$ 9=  | \$           |
| x\$ 42= | \$           |
| x\$140= | \$           |
| TOTAL   | \$           |

| RATE    | ADDIT<br>FEE |
|---------|--------------|
| x\$ 18= | \$           |
| x\$ 84= | \$           |
| x\$280= | \$           |
| TOTAL   | \$           |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total of Indep.) is the highest number found in the appropriate box in Col. 1.

Respectfully submitted,



Howard N. Flaxman  
Registration No. 34,595

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Arlington, VA 22202  
(703) 920-1122  
Docket No. ADAE-002